

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Healthcare Freedom Fund

ADDRESS (number and street)

PO Box 2485

Check if different  
than previously  
reported. (ACC)

Springfield

VA

22152

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00528414

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☒ April 15  
Quarterly Report (Q1)
- ☐ July 15  
Quarterly Report (Q2)
- ☐ October 15  
Quarterly Report (Q3)
- ☐ January 31  
Year-End Report (YE)
- ☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)
- ☐ Termination Report  
(TER)

(b) Monthly  
Report  
Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11)  
(Non-Election  
Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12)  
(Non-Election  
Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2018

through

M M M / D D D / Y Y Y Y Y Y  
03 31 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Grandy, Joe, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Grandy, Joe, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
04 13 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2018 To: M M / D D / Y Y Y Y Y Y  
03 / 31 / 2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2018</span>		<span style="border: 1px solid black; padding: 2px;">6229.16</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">6229.16</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">147576.20</span>	<span style="border: 1px solid black; padding: 2px;">147576.20</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">153805.36</span>	<span style="border: 1px solid black; padding: 2px;">153805.36</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">96990.54</span>	<span style="border: 1px solid black; padding: 2px;">96990.54</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">56814.82</span>	<span style="border: 1px solid black; padding: 2px;">56814.82</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Healthcare Freedom Fund

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
01	/	01	/	2018

To:

M M	/	D D	/	Y Y Y Y Y Y
03	/	31	/	2018

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

8076.20

8076.20

(ii) Unitemized .....

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

8076.20

8076.20

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

139500.00

139500.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

147576.20

147576.20

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c)) .....

147576.20

147576.20

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

147576.20

147576.20

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	46990.54	46990.54
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	46990.54	46990.54
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	50000.00	50000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	96990.54	96990.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	96990.54	96990.54

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	147576.20	147576.20
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	147576.20	147576.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	46990.54	46990.54
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	46990.54	46990.54

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 24

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Jacobs, Joey, A., ,

Mailing Address 9229 Hunterboro Drive

City

Brentwood

State

TN

Zip Code

37027

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Acadia Healthcare

Occupation (for Individual)

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 26 / 2018

Transaction ID : SA11AI.5934

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Orrico, Katherine, , ,

Mailing Address PO Box 4876

City

Annapolis

State

MD

Zip Code

21403-6876

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Am. Assn. of Neuro Surgeons

Occupation (for Individual)

Gov. Relations Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

376.20

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 13 / 2018

Transaction ID : SA11AI.5910

Amount of Each Receipt this Period

376.20

☐ Memo Item

In-kind - Acadiana:Food/Beverage

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Willcox, Darren, , ,

Mailing Address 9696 Mill Ridge Lane

City

Great Falls

State

VA

Zip Code

22066

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

W Strategies

Occupation (for Individual)

Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 21 / 2018

Transaction ID : SA11AI.5931

Amount of Each Receipt this Period

2700.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

8076.20

TOTAL This Period (last page this line number only).....▶

8076.20

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 AMERICAN ACADEMY OF DERMATOLOGY ASSOCIATION POLITICAL ACTION COMMITTEE (SKINPAC)

Mailing Address 1445 NEW YORK AVENUE NW  
 STE 800

City  
 WASHINGTON

State  
 DC

Zip Code  
 20005

FEC ID number of contributing  
 federal political committee.

**C** C00359539

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**M M / D D / Y Y Y Y Y Y**  
 03 / 12 / 2018

Transaction ID : SA11C.5943

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 AMERICAN ACADEMY OF FAMILY PHYSICIANS POLITICAL ACTION COMMITTEE

Mailing Address 1133 CONNECTICUT AVE NW  
 SUITE 1100

City  
 WASHINGTON

State  
 DC

Zip Code  
 20036

FEC ID number of contributing  
 federal political committee.

**C** C00411553

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**M M / D D / Y Y Y Y Y Y**  
 02 / 22 / 2018

Transaction ID : SA11C.5933

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

Mailing Address 655 BEACH STREET

City  
 SAN FRANCISCO

State  
 CA

Zip Code  
 94109

FEC ID number of contributing  
 federal political committee.

**C** C00196246

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**M M / D D / Y Y Y Y Y Y**  
 02 / 19 / 2018

Transaction ID : SA11C.5919

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

12500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 24

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**AMERICAN ACADEMY OF OTOLARYNGOLOGY-HEAD AND NECK SURGERY ENT PAC**

Mailing Address 1650 DIAGONAL ROAD

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

FEC ID number of contributing  
federal political committee.

**C** C00306449

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **31** / **2018**

**Transaction ID : SA11C.5969**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS POLITICAL ACTION COMMITTEE (NEUROSURGERYPAC)**

Mailing Address 25 MASSACHUSETTS AVENUE, NW, SUITE

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00413955

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **26** / **2018**

**Transaction ID : SA11C.5963**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**AMERICAN COLLEGE OF CARDIOLOGY POLITICAL ACTION COMMITTEE**

Mailing Address 2400 N ST NW

City  
WASHINGTON

State  
DC

Zip Code  
20037

FEC ID number of contributing  
federal political committee.

**C** C00375360

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **12** / **2018**

**Transaction ID : SA11C.5944**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AMERICAN COLLEGE OF RADIOLOGY ASSOCIATION PAC**

Mailing Address 1891 PRESTON WHITE DRIVE

City  
RESTONState  
VAZip Code  
20191FEC ID number of contributing  
federal political committee.

C C00343459

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 26 / 2018

Transaction ID : SA11C.5935

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AMERICAN COLLEGE OF RHEUMATOLOGY (RHEUMPAC)**

Mailing Address 2200 LAKE BOULEVARD NE

City  
ATLANTAState  
GAZip Code  
30319FEC ID number of contributing  
federal political committee.

C C00432823

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
02 / 20 / 2018

Transaction ID : SA11C.5930

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AMERICAN COLLEGE OF SURGEONS PROFESSIONAL ASSOCIATION PAC**

Mailing Address 20 F ST NW, STE 1000

ATTN: SARA MORSE

City  
WASHINGTONState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C C00382424

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
03 / 22 / 2018

Transaction ID : SA11C.5962

Amount of Each Receipt this Period

2500.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

12500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. AMERICAN GASTROENTEROLOGICAL ASSOCIATION INC. PAC**

Mailing Address 4926 DEL RAY AVENUE

City  
BETHESDAState  
MDZip Code  
20814FEC ID number of contributing  
federal political committee.

C

C00423228

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2018

Transaction ID : SA11C.5939

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. AMERICAN MEDICAL ASSOCIATION POLITICAL ACTION COMMITTEE**Mailing Address 25 MASSACHUSETTS AVE, NW  
SUITE 600City  
WASHINGTONState  
DCZip Code  
20001FEC ID number of contributing  
federal political committee.

C

C00000422

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2018

Transaction ID : SA11C.5922

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE**Mailing Address 1505 PRINCE STREET  
SUITE 300City  
ALEXANDRIAState  
VAZip Code  
22314FEC ID number of contributing  
federal political committee.

C

C00024968

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		05		2018

Transaction ID : SA11C.5940

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

11000.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 24

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 AMERICAN OSTEOPATHIC INFORMATION ASSOCIATION - OSTEOPATHIC POLITICAL ACTION COMMITTEE

Mailing Address 1090 VERMONT AVE., NW  
 SUITE 500

City  
 WASHINGTON

State  
 DC

Zip Code  
 20005

FEC ID number of contributing  
 federal political committee.

**C** C00113803

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **31** / **2018**

**Transaction ID : SA11C.5968**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 AMERICAN PSYCHIATRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 800 MAINE AVE SW  
 SUITE 900

City  
 WASHINGTON

State  
 DC

Zip Code  
 20024

FEC ID number of contributing  
 federal political committee.

**C** C00373696

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **29** / **2018**

**Transaction ID : SA11C.5966**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 AMERIPRISE FINANCIAL INC. POLITICAL ACTION COMMITTEE (AMERIPRISEPAC)

Mailing Address 101 CONSTITUTION AVE. NW  
 SUITE 701B EAST

City  
 WASHINGTON

State  
 DC

Zip Code  
 20001

FEC ID number of contributing  
 federal political committee.

**C** C00414474

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **29** / **2018**

**Transaction ID : SA11C.5965**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 24  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ARGENTUM'S SILVER PAC**

Mailing Address 1650 KING STREET  
SUITE 602

City  
ALEXANDRIA

State  
VA

Zip Code  
22314

FEC ID number of contributing  
federal political committee.

**C**

C00338020

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2018

**Transaction ID : SA11C.5945**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. AXA EQUITABLE LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE (AXA PAC)**

Mailing Address 1290 AVENUE OF THE AMERICAS

City

NEW YORK

State

NY

Zip Code

10104

FEC ID number of contributing  
federal political committee.

**C**

C00161901

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
02 / 22 / 2018

**Transaction ID : SA11C.5932**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. BWX TECHNOLOGIES, INC POLITICAL ACTION COMMITTEE**

Mailing Address 2016 MT. ATHOS ROAD

City

LYNCHBURG

State

VA

Zip Code

24504

FEC ID number of contributing  
federal political committee.

**C**

C00365502

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 14 / 2018

**Transaction ID : SA11C.5956**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

11000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 24

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Healthcare Freedom Fund

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. CERNER CORPORATION PAC**

Mailing Address 2800 ROCKCREEK PARKWAY

City  
KANSAS CITYState  
MOZip Code  
64117FEC ID number of contributing  
federal political committee.

C C00410589

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		12		2018

Transaction ID : SA11C.5946

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. FC COMPASSUS LLC PAC**

Mailing Address 10 CADILLAC DRIVE STE 400

City  
BRENTWOODState  
TNZip Code  
37027FEC ID number of contributing  
federal political committee.

C C00581728

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		19		2018

Transaction ID : SA11C.5924

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GREAT AMERICA COMMITTEE**

Mailing Address PO BOX 28022

City  
WASHINGTONState  
DCZip Code  
20038FEC ID number of contributing  
federal political committee.

C C00640664

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2018

Transaction ID : SA11C.5917

Amount of Each Receipt this Period

5000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

15000.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 24

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. INVESTMENT COMPANY INSTITUTE POLITICAL ACTION COMMITTEE**

Mailing Address 1401 H STREET NW SUITE 1200

City  
WASHINGTON

State  
DC

Zip Code  
20005

FEC ID number of contributing  
federal political committee.

**C** C00105981

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **12** / **2018**

**Transaction ID : SA11C.5948**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. LEIDOS INC. POLITICAL ACTION COMMITTEE**

Mailing Address 301 LABORATORY ROAD

City  
OAK RIDGE

State  
TN

Zip Code  
37830

FEC ID number of contributing  
federal political committee.

**C** C00546234

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**02** / **19** / **2018**

**Transaction ID : SA11C.5926**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. MAJORITY COMMITTEE PAC--MC PAC**

Mailing Address PO BOX 10134

City  
BAKERSFIELD

State  
CA

Zip Code  
93389

FEC ID number of contributing  
federal political committee.

**C** C00428052

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **12** / **2018**

**Transaction ID : SA11C.5950**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

15000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 24

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. MCKESSON CORPORATION EMPLOYEES POLITICAL FUND**

Mailing Address ONE POST STREET  
32ND FLOOR

City State Zip Code  
SAN FRANCISCO CA 94104

FEC ID number of contributing  
federal political committee.

**C** C00108035

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **08** / **2018**

**Transaction ID : SA11C.5942**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. NATIONAL COMMUNITY PHARMACISTS ASSOCIATION - PAC**

Mailing Address 100 DAINGERFIELD ROAD

City State Zip Code  
ALEXANDRIA VA 22314

FEC ID number of contributing  
federal political committee.

**C** C00030809

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**03** / **19** / **2018**

**Transaction ID : SA11C.5959**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AMERICAN COLLEGE OF EMERGENCY PHY**

Mailing Address 4950 W ROYAL LANE

City State Zip Code  
IRVING TX 75038

FEC ID number of contributing  
federal political committee.

**C** C00140061

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**02** / **19** / **2018**

**Transaction ID : SA11C.5928**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 24  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS--PAC OF AAO

Mailing Address 317 MASSACHUSETTS AVE., N.E.  
1ST FLOOR

City State Zip Code  
WASHINGTON DC 20002

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **05** / **2018**

**Transaction ID : SA11C.5938**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SELF-INSURANCE INSTITUTE OF AMERICA, INC. PAC (SELF-INSURANCE PAC)

Mailing Address 20 F STREET NW  
SUITE 700

City State Zip Code  
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00457366

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **05** / **2018**

**Transaction ID : SA11C.5936**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
SHEET METAL AND AIR CONDITIONING CONTRACTORS POLITICAL ACTION COMMITTEE

Mailing Address 4201 LAFAYETTE CENTER DRIVE

City State Zip Code  
CHANTILLY VA 20151

FEC ID number of contributing federal political committee. **C** C00013961

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **12** / **2018**

**Transaction ID : SA11C.5953**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

15000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 24

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

Mailing Address 633 N. ST. CLAIR ST.  
24TH FLOOR

City  
CHICAGO

State  
IL

Zip Code  
60611

FEC ID number of contributing  
federal political committee.

**C** C00381459

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

**02** / **19** / **2018**

**Transaction ID : SA11C.5921**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. SOCIETY FOR VASCULAR SURGERY POLITICAL ACTION COMMITTEE**

Mailing Address 633 N. ST. CLAIR ST.  
24TH FLOOR

City  
CHICAGO

State  
IL

Zip Code  
60611

FEC ID number of contributing  
federal political committee.

**C** C00381459

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **15** / **2018**

**Transaction ID : SA11C.5957**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. SOCIETY OF THORACIC SURGEONS POLITICAL ACTION COMMITTEE**

Mailing Address 20 F STREET, NW  
SUITE 310 C

City  
WASHINGTON

State  
DC

Zip Code  
20001

FEC ID number of contributing  
federal political committee.

**C** C00325936

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **12** / **2018**

**Transaction ID : SA11C.5952**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. SPINE PAC OF THE NATIONAL ASSOCIATION OF SPINE SPECIALISTS**

Mailing Address 7075 VETERANS BLVD.

City  
BURR RIDGE

State  
IL

Zip Code  
60527

FEC ID number of contributing  
federal political committee.

**C** C00349225

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **12** / **2018**

**Transaction ID : SA11C.5951**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. TEXTRON INC. POLITICAL ACTION COMMITTEE**

Mailing Address 40 WESTMINSTER STREET

City  
PROVIDENCE

State  
RI

Zip Code  
02903

FEC ID number of contributing  
federal political committee.

**C** C00123612

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

**03** / **29** / **2018**

**Transaction ID : SA11C.5967**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. TRUCKING POLITICAL ACTION COMMITTEE OF THE AMERICAN TRUCKING ASSOCIATIONS INC.**

Mailing Address 430 FIRST STREET SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

FEC ID number of contributing  
federal political committee.

**C** C00002881

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

**03** / **19** / **2018**

**Transaction ID : SA11C.5961**

Amount of Each Receipt this Period

5000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 24  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

**A. US ONCOLOGY INC. NETWORK POLITICAL ACTION COMMITTEE**

Mailing Address 10101 WOODLOCH FOREST DRIVE

City State Zip Code  
THE WOODLANDS TX 77380

FEC ID number of contributing federal political committee. **C** C00339655

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 12 / 2018

**Transaction ID : SA11C.5954**

Amount of Each Receipt this Period

2500.00

☐ Memo Item

**B. WALMART INC. PAC FOR RESPONSIBLE GOVERNMENT**

Mailing Address 702 S.W. 8TH STREET

City State Zip Code  
BENTONVILLE AR 72716

FEC ID number of contributing federal political committee. **C** C00093054

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
03 / 31 / 2018

**Transaction ID : SA11C.5970**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

139500.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 20 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. BB&T**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	1		1	0		2	0	1	8

Mailing Address PO Box 200

City  
WilsonState  
NCZip Code  
27894-0200Purpose of Disbursement  
Credit Card Payment

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5971

Amount of Each Disbursement this Period

1337.13

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Capitol Hill Club**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	2		1	5		2	0	1	7

Mailing Address 300 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5971.C

Amount of Each Disbursement this Period

1337.13

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. BB&T**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	1	8

Mailing Address PO Box 200

City  
WilsonState  
NCZip Code  
27894-0200Purpose of Disbursement  
Credit Card Payment

001

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : SB21B.5972

Amount of Each Disbursement this Period

1329.90

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

2667.03

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Capitol Hill Club**

Mailing Address 300 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			1	6			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.5972.4

Amount of Each Disbursement this Period

1329.90

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. BB&T**

Mailing Address PO Box 200

City  
WilsonState  
NCZip Code  
27894-0200Purpose of Disbursement  
Credit Card Payment

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.5977

Amount of Each Disbursement this Period

2314.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Acadiana**

Mailing Address 901 New York Ave NW

City  
WashingtonState  
DCZip Code  
20001Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.5977.

Amount of Each Disbursement this Period

1403.84

☒ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2314.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Pork Barrel BBQ**

Mailing Address 2312 Mt. Vernon Avenue

City  
AlexandriaState  
VAZip Code  
22301Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	4			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.5977.4

Amount of Each Disbursement this Period

721.50

☒ Memo Item

Full Name (Last, First, Middle Initial)

**B. Capitol Hill Club**

Mailing Address 300 1st Street SE

City  
WashingtonState  
DCZip Code  
20003Purpose of Disbursement  
Food/Beverage

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	5			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.5977.4

Amount of Each Disbursement this Period

162.70

☒ Memo Item

Full Name (Last, First, Middle Initial)

**C. Concentric Office, LLC**

Mailing Address PO Box 2485

City  
SpringfieldState  
VAZip Code  
22152Purpose of Disbursement  
Compliance Consulting

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	9			2	0	1	8		

FEC Identification Number

C

Transaction ID : SB21B.5974

Amount of Each Disbursement this Period

903.43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

903.43

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 24

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. Machado & Company**

Mailing Address 6111 Newman Road

City  
FairfaxState  
VAZip Code  
22030-5918Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			0	2			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.5976**

Amount of Each Disbursement this Period

29549.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Machado & Company**

Mailing Address 6111 Newman Road

City  
FairfaxState  
VAZip Code  
22030-5918Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			2	7			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.5979**

Amount of Each Disbursement this Period

11025.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Orrico, Katherine, , ,**

Mailing Address PO Box 4876

City  
AnnapolisState  
MDZip Code  
21403-6876Purpose of Disbursement  
In-kind - Acadiana:Food/BeverageCategory/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	2			1	3			2	0	1	8		

FEC Identification Number

C

**Transaction ID : SB21B.5912**

Amount of Each Disbursement this Period

376.20

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

40950.75

46835.29

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Healthcare Freedom Fund**

Full Name (Last, First, Middle Initial)

**A. NRCC**

Mailing Address 320 FIRST STREET SE

City  
WASHINGTONState  
DCZip Code  
20003Purpose of Disbursement  
Committee Contribution

011

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	3			1	9			2	0	1	8		

FEC Identification Number

C C00075820

**Transaction ID : SB23.5978**

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50000.00

50000.00